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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of) Attorney Docket No.: ASAIN0137
Masayoshi TONOUCHI et al.) Confirmation No. 8630
Serial No.: 10/760,549) Group Art Unit: 2829
Filed: January 21, 2004) Examiner: J. M. HOLLINGTON
For: METHOD AND APPARATUS FOR) Date: June 30, 2005
INSPECTING WIRE BREAKING OF)
INTEGRATED CIRCUIT)

INFORMATION DISCLOSURE STATEMENT

MAIL STOP: AMENDMENT

Customer Service Window
Randolph Building
401 Dulany Street
Alexandria, VA 22314

Sir:

In accordance with the duty of disclosure as set forth in 37 C.F.R. §1.56, this Information Disclosure Statement in connection with the above-identified application is being filed in accordance with 37 C.F.R. §1.97(c).

Documents A to E identified on forms PTO/SB/08A and PTO/SB/08B are cited in the present specification. Accordingly, no further comment regarding the disclosures of these documents is believed to be required.

It is respectfully requested that the attached documents be considered and officially cited, and that a copy of Forms PTO/SB/08A and PTO/SB/08B be initialed by the Examiner to indicate that the document has been considered and returned to the undersigned.

07/01/2005 MBEYENE1 00000036 10760549

01 FC:1806

180.00 0P

The requisite fee of \$180.00 is attached herewith. It is believed that the present Information Disclosure Statement complies with the requirements of 37 C.F.R. § 1.97-8, but the Director is hereby authorized to charge any additional fees or credit any overpayments to Deposit Account No. 50-1281.

Respectfully submitted,

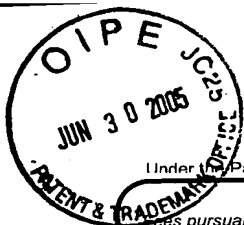
GRIFFIN & SZIPL, PC



Joerg-Uwe Szipl
Registration No. 31,799

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FEE TRANSMITTAL For FY 2005

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) **180.00**

Complete if Known

Application Number	10/760,549
Filing Date	January 21, 2004
First Named Inventor	Masayoshi TONOUCHI
Examiner Name	Jermele M. Hollington
Art Unit	2829
Attorney Docket No.	ASAIN0137

METHOD OF PAYMENT (check all that apply)

☐ Check ☒ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____

☒ Deposit Account Deposit Account Number: **501281** Deposit Account Name: **Griffin & Szpl, P.C.**

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee

☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

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FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100
Multiple dependent claims	360	180

Total Claims Extra Claims Fee (\$) Fee Paid (\$)

- 20 or HP = _____ x _____ = _____

HP = highest number of total claims paid for, if greater than 20

Indep. Claims Extra Claims Fee (\$) Fee Paid (\$)

- 3 or HP = _____ x _____ = _____

HP = highest number of independent claims paid for, if greater than 3

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)

- 100 = _____ / 50 = _____ (round up to a whole number) x _____ = _____

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other: **IDS after Office Action on the Merits**

Fees Paid (\$)

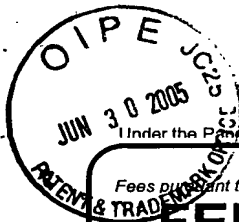
180.00

SUBMITTED BY

Signature		Registration No. (Attorney/Agent) 31.799	Telephone (703) 979-5700
Name (Print/Type)	Joerg-Uwe Szpl	Date June 30, 2005	

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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PTO/SB/17 (12-04)

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Effective on 12/08/2004.
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).**FEE TRANSMITTAL**
For FY 2005☐ Applicant claims small entity status. See 37 CFR 1.27**TOTAL AMOUNT OF PAYMENT (\$)** **180.00****Complete if Known**

Application Number	10/760,549
Filing Date	January 21, 2004
First Named Inventor	Masayoshi TONOUCHI
Examiner Name	Jermele M. Hollington
Art Unit	2829
Attorney Docket No.	ASAIN0137

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☐ Check ☒ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____
☒ Deposit Account Deposit Account Number: **501281** Deposit Account Name: **Griffin & Szipl, P.C.**

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WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

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Multiple dependent claims	360	180

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)
- 20 or HP = _____ x _____ = _____						
HP = highest number of total claims paid for, if greater than 20						
Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)			
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Signature

Registration No. **31,799**
(Attorney/Agent)Telephone **(703) 979-5700**Name (Print/Type) **Joerg-Uwe Szipl**Date **June 30, 2005**

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Substitute for form 1449/PTO

INFORMATION DISCLOSURE STATEMENT BY APPLICANT

(Use as many sheets as necessary)

Sheet	1	of	2
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Complete if Known

Application Number	10/760,549
Filing Date	January 21, 2004
First Named Inventor	Masayoshi TONOUCHI
Art Unit	2829
Examiner Name	J.M. HOLLINGTON
Attorney Docket Number	ASAIN0137

U. S. PATENT DOCUMENTS

[illegible]

FOREIGN PATENT DOCUMENTS

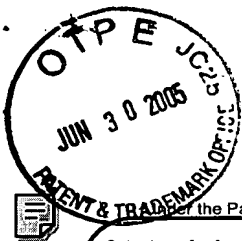
FOREIGN PATENT DOCUMENTS						
Examiner Initials*	Cite No. ¹	Foreign Patent Document	Publication Date	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages Or Relevant Figures Appear	T ⁶
		Country Code ³ -Number ⁴ -Kind Code ⁵ (if known)	MM-DD-YYYY			
	A	JP 2000-036525	02-02-2000	NEC Corp.		
	B	JP 2000-311929	11-07-2000	NEC Corp.		

Examiner Signature		Date Considered	
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*EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant. ¹ Applicant's unique citation designation number (optional). ² See Kinds Codes of USPTO Patent Documents at www.uspto.gov or MPEP 901.04. ³ Enter Office that issued the document, by the two-letter code (WIPO Standard ST.3). ⁴ For Japanese patent documents, the indication of the year of the reign of the Emperor must precede the serial number of the patent document. ⁵ Kind of document by the appropriate symbols as indicated on the document under WIPO Standard ST.16 if possible. ⁶ Applicant is to place a check mark here if English language Translation is attached.

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**INFORMATION DISCLOSURE
STATEMENT BY APPLICANT**

(Use as many sheets as necessary)

Complete if Known

Application Number	10/760,549
Filing Date	January 21, 2004
First Named Inventor	Masayoshi TONOUCHI
Art Unit	2829
Examiner Name	J.M. HOLLINGTON
Attorney Docket Number	ASAIN0137

Sheet 2 of 2

NON PATENT LITERATURE DOCUMENTS

Examiner Initials*	Cite No. ¹	Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city and/or country where published.	T ²
	C	Kiyoshi NIKAWA, "Failure Analysis in Si Device Chips." IEICE Trans. Electron, Vol. E77-C, No. 4, April 1994, pp. 528-534.	
	D	Hideo TODOKORO et al., "Electron-Beam LSI Tester." In "Semiconductor Technologies," J. Nishizawa (ed), Vo. 13, JARECT, 1984, pp. 373-382.	
	E	David H. AUSTIN et al., "Electrooptic Generation and Detection of Femtosecond Electrical Transients." IEEE J. Quantum Elec., Vol. 24, , No. 2, February 1988, pp. 184-197.	

Examiner Signature		Date Considered	
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*EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

1 Applicant's unique citation designation number (optional). 2 Applicant is to place a check mark here if English language Translation is attached. This collection of information is required by 37 CFR 1.98. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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